
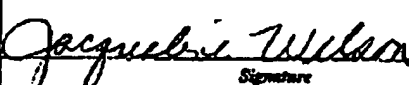


WFE
ONLY

| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. P14682-US1 | |
|---|-------------------------------------|-----------------------------|---|--------------------------|--------------------------|
| Applicant(s): Eduardo T. Sanchez, et al. | | | | | |
| Application No. 09/829,059 | Filing Date April 9, 2001 | Examiner Kwang Bin Yoo | Customer No. 27045 | Group Art Unit 2667 | Confirmation No. 8341 |
| Invention: System and Method for Managing a Plurality of Calls | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 22 | 20 | 2 | x \$0.00 | \$100.00 |
| INDEP. CLAIMS | 3 | 3 | 0 | x \$200.0 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$100.00 |
| <input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 60-1379 in the amount of \$100.00 <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1379 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
|  Sidney L. Weatherford Reg No. 46,602 Ericsson Inc. 6300 Legacy Drive, M/S EVR 1-C-11 Plano, TX 75024 04/04/2005 10:11:53 00000001 501379 09829059 01 FC:1202 100.00 DA | | | Dated: January 19, 2005 <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-size: small;">Certificate of Mailing or Transmission</p> <p style="font-size: x-small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express Mail in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22312-1450, or being transmitted to the USPTO, on the date indicated herein.</p> <p style="text-align: center;"> Signature</p> <p style="text-align: center;">Jacqueline Wilson 01/19/2005</p> <p style="text-align: center; font-size: x-small;">Depositor's Name and Date</p> </div> <p style="text-align: right; font-size: x-small;">PT1/LARGE/REV07</p> | | |

09/829059

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

32944-00048 USPT

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 18 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 18 minus 20 = | 0 |
| INDEPENDENT CLAIMS | 2 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐OR OTHER THAN
SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | 710 |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 22 | 20 | = 2 |
| Independent | 3 | 3 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY OR

OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | 100 |
| X40= | | OR | X80= | 0 |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | 100 |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | | = |
| Independent | | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | | = |
| Independent | | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.